

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15252  
State File No. ....

FILED APR 27 1953

BIRTH NO. ....		REG. DIST. NO. <u>278</u>		PRIMARY REG. DIST. NO. <u>3054</u>		Registrar's No. <u>47</u>	
1. PLACE OF DEATH a. COUNTY <u>Pike</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Pike</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>OR</u> TOWN <u>Louisiana</u>		c. LENGTH OF STAY (In this place) <u>0821</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>OR</u> TOWN <u>Louisiana</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>321 North Carolima</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Alma</u>		b. (Middle) <u>Irene</u>		c. (Last) <u>Ward</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 15, 1953</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Aug. 27, 1890</u>		9. AGE (In years last birthday) <u>62</u>		10. MONTHS <u>7</u>		11. DAYS <u>18</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Button Factory</u>		11. BIRTHPLACE (State or foreign country) <u>Commerce, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Ed. Clymer</u>		13b. MOTHER'S MAIDEN NAME <u>Canzada Penn</u>		14. NAME OF HUSBAND OR WIFE <u>Elmer Ward</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>490-05-3777</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elmer Ward, Louisiana, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HYPERTENSIVE ARTERIO-SCLEROTIC</u> ANTECEDENT CAUSES <u>CARDIO-VASCULAR RENAL DISEASE</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>10:11 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>4-6</u> , 19 <u>53</u> , to <u>4-16</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4-15</u> , 19 <u>53</u> , and that death occurred at <u>11:11 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>Louisiana, Mo.</u>		23c. DATE SIGNED <u>4/16/53</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 17, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Louisiana, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>April 17, 1953</u>		REGISTRAR'S SIGNATURE <u>Bernice Collier</u>		FUNERAL DIRECTOR'S SIGNATURE <u>George D. Hays</u>		ADDRESS <u>Louisiana, Mo.</u>	

(Licensed Embalmer's Statement of Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*George O. Wagner*

Licensed Embalmer No. 3773

Signed.....  
Student Embalmer

P. O. Address Louisiana, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

*George O. Wagner*